

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/	/				
3		/				
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46	/					
47	/	/				
48	/	/				
49						
50						
TOTAL IND.	5					
TOTAL DEP.	45					
TOTAL CLAIMS	50					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL CLAIMS												